

AMENDMENT

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Coleman	Ruth	G.	(916) 653-8380	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1416 9th Street, Suite 1405	Sacramento	CA	95814	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Parks and Recreation

Division, Board, District, if applicable:

Executive Office

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: Santa Monica Bay Restoration Commission

Position: Ex-Officio

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 4

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes — schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes — schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes — schedule attached
Real Property

Schedule C ☐ Yes — schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☐ Yes — schedule attached
Income — Gifts

Schedule E ☐ Yes — schedule attached
Income — Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best of
my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed 08/06/2010
(month, day, year)

Signature Ruth Coleman
(File the originally signed statement with your filing official.)

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Coleman	Ruth	G.	(916) 653.8380	
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Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Please See attached page 3

Position: Please see attached page 3

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03.25.2010
(month, day, year)

Signature Ruth Coleman
(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name

Director Ruth Coleman

► NAME OF SOURCE

California State Parks Foundation (CSPF)

ADDRESS (Business Address Acceptable)

50 Francisco St #110, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Not-for-Profit Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 09	\$ 22.72	food/beverage
01 / 14 / 09	\$ 18.80	food/beverage
01 / 29 / 09	\$ 28.73	food/beverage

► NAME OF SOURCE

CSPF

ADDRESS (Business Address Acceptable)

same as above

BUSINESS ACTIVITY, IF ANY, OF SOURCE

same as above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 09	\$ 25.06	food/beverage
04 / 10 / 09	\$ 57.22	food/beverage
05 / 04 / 09	\$ 83.42	food/beverage

► NAME OF SOURCE

CSPF

ADDRESS (Business Address Acceptable)

same as above

BUSINESS ACTIVITY, IF ANY, OF SOURCE

same as above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 20 / 09	\$ 20.00	food/beverage
10 / 02 / 09	\$ 50.72	food/beverage
12 / 17 / 09	\$ 5.55	food/beverage

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____